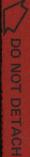
PLEASE TYPE OR PRINT	Entered previous May Show
	Mark II no
□ Ms	100 -10
	ECZKOWSKI
Permanent 9/0 4 Above	(Last Name Last)
Address 000 millou	icky new york
0018 CLEVE. Tel. (2/4)	851 - 5594
Zip Area Code	F
Temporary or 14689 E Studio Address 14689 E	UCLID AVE. E.CLEU
14119 Street Tel. (216)	851-5594
Zip Area Code	
If you do not presently live in c	one of the counties of the
Western Reserve, in which coun	
Collaborator	
(If Any	
If May Show entries are not acc	
Artist will pick up at Museu	ım.
Museum should dispose of.	
☐ Museum should ship to arti	st at artist's expense
to this address;	1061157h
9011106	MUVIV
Sue fall instructions	
When necessary include below/i	nstructions or a drawing of



This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature